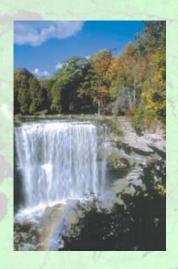
Great Lakes and Human Health

K. Bruce Newbold newbold@mcmaster.ca

McMaster Institute of Environment & Health (MIEH) Professor, School of Geography & Earth Sciences McMaster University

Presented at the GLBTS Integration Workgroup Meeting Thursday, May 18, 2006







Outline

- Introduction & Background
- Site-Specific Toxic Effects
- Example: The Aamjiwnaang First Nations Reserve
- Conclusions
 - Emerging Contaminant Issues
 - Other Sources and Pathways
 - Policy Issues





Background

- Increase in release of chemicals
- Ontario with large amounts of releases and transfers of chemicals (2002)
 - Other jurisdictions with large releases include Texas, Ohio,
 Michigan, Pennsylvania, Indiana
- Greatest volume of carcinogenic pollutants located in Ontario (CEC 2004)





- An integrated system
- Use of water resources for drinking and recreation
 - Many in Great Lakes basin draw drinking water from the basin; also ground-water for drinking
 - Other uses: sport-fishing & recreation: issue of justice –
 First Nations and recent immigrants as consumers of Great Lakes fish





- Surface & groundwater sources increasingly contaminated due to industrial and agricultural activities, including:
 - Direct releases into water
 - Airborne releases deposited to water (up to 90% of some persistent organic pollutants), i.e.:
 - Inorganics
 - heavy metals (cadmium, lead, mercury, chromium, arsenic)
 - PCBs
 - Polycyclic aromatic hydrocarbons (PAHs)





- Given industrial, energy, commercial, residential, agricultural, and transportation-related structures in the region, there is a significant and cumulative impact on the Basin's population and Great Lakes water quality
- Significant contribution from atmospheric deposition





- Nearshore areas suffer from particular and disproportionate environmental burden due to their unique and sensitive environments and proximity to development
- Ontario counties with higher pollution output tend to have higher per-capita healthcare expenditures (Jerrett et al., 2001)
- Elliott et al., (2001) rates of mortality for stomach and esophageal cancers associated with living in Great Lakes border counties





Site-Specific Toxic Effects

Carcinogenic

- Recognized: Aldrin, Chlordane, DDT, Dieldrin, Heptachlor, Mirex, Toxaphene, PCBs, HCB, Dioxins/Furans, Arsenic, Lead, Mercury, Vinyl Chloride, Benzene, Cadmium, Chloroform, Chromium, PBDEs, Benzo(a)pyrene, Uranium, Tritium
- Suspected: PAHs, THMs, Atrazine





Cancer Type	Exposure	Carcinogen	
		Known	Suspected
Lung	Somewhat raises risk	Arsenic	Acrylonitrile
		Benzo(a)pyrene	Beryllium
		Bis(Chloromethyl)ether	Cadmium
		Chromium	1,2-Dibromo-d-
		Nickel subsulfide	chloropropane
		Zinc Chromate	PAHs
		Uranium	
Prostate	Might raise risk	Cadmium	
Stomach	Might raise risk	Zinc Chromate	Ethylene oxide
Oral/Pharynx	Might raise risk	Zinc Chromate	Tetrachloroethylene
Liver	Might raise risk	Vinyl Chloride	
Bladder	Somewhat raises risk	Benzidine	Tetrachloroethylene
		Tetrachloroethylene	V 1 1156 2
		Cyclophosphamide	
		4-Aminodiphenyl	
		Chloraphazine	
Skin		Arsenic	PAHs
		Benzo(a)pyrene	Tetrachloroethylene





Cardiovascular

- Recognized:
- Suspected: Chlordane, DDT, Dieldrin, Endrin, Heptachlor, Toxaphene, PCBs, HCB, Dioxins/Furans, Arsenic, Lead, Mercury, Vinyl Chloride, Benzene, Cadmium, PAHs, Phosphorous, Chloroform, Uranium





Reproductive

- Recognized: DDT, Lead, Benzene, Cadmium,
- Suspected: Aldrin, Chlordane, Dieldrin, Endrin, Heptachlor, Toxaphene, PCBs, HCB, Dioxins/Furans, Arsenic, Mercury, Vinyl Chloride, PAHs, Phosphorous, Chloroform, Chromium, Phthlates, Atrazine, Methoxychlor, Uranium





Neurotoxic

- Recognized:
- Suspected: Aldrin, Chlordane, DDT, Dieldrin, Endrin, Heptachlor, Toxaphene, HCB, Dioxins/Furans, Arsenic, Lead, Mercury, Vinyl Chloride, Benzene, Cadmium, PAHs, Phosphorous, Chloroform, PBDEs, Atrazine, Methoxychlor, Uranium





- Immunotoxic
 - Recognized:
 - Suspected: DDT, Dieldrin, HCB, Arsenic, Lead, Mercury, Benzene, Cadmium, PAHs, Chromium, Atrazine, Benxo(a)pyrene





Developmental

- Recognized: DDT, Endrin, Heptachlor, PCBs, HCB, Arsenic, Lead, Mercury, Benzene, Cadmium, PBDEs
- Suspected: Aldrin, Chlordane, Toxaphene,
 Dioxins/Furans, Vinyl Chloride, PAHs, Chloroform,
 Phthalates, Benzo(a)pyrene, Methoxychlor





Endocrine

- Recognized:
- Suspected: Aldrin, Chlordane, DDT, Dieldrin, Endrin, Heptachlor, Mirex, Toxaphene, PCBs, HCB, Dioxins/Furans, Arsenic, Lead, Mercury, Benzene, Cadmium, PAHs, Chromium, Ethoxylates, PBDEs, Phthalates, Atrazine, Benzo(a)pyrene, Methoxychlor





Example: The Aamjiwnaang First Nations Reserve

- Mackenzie et al. 2005. "Declining Sex Ratio in a First Nations Community", Environmental Health Perspectives
 - Examined relationship between environmental pollutants and sex ratio of Aamjiwnaang First Nations community, adjacent to St. Clair river AoC and Sarnia-Lambton's 'Chemical Valley'
 - Decline in live-birth ratio over 20 years
 - Typical: males = 0.512 of live births
 - Reserve: males = 0.348 of live births





Total live births, proportion of live male births (male live births/total live births) for Aamjiwnaang First Nation 1984-2003.

PERIOD	TOTAL LIVE BIRTHS BIRTHS	PROPORTION MALE
5-YEAR		
1984-88	173	0.538
1989-93	185	0.551
1994-98	215	0.451
1999-2003	132	0.348
10-YEAR		
1984-1993	358	0.545
1994-2003	347	0.412

(MacKenzie et al, 2005, p.1296)





The Aamjiwnaang First Nations Reserve: (Cont'd)

- Posited connection to environmental pollutants:
 - Soil/sediment sampling revealed high concentrations of PCBs, HCBs, PAHs, Metals (including Mercury), Ethylene, Dioxins, and Vinyl Chloride;
 - Also evidence of changes in the reproductive and sexual development of wildlife in the area.





The Aamjiwnaang First Nations Reserve: (Cont'd)

"......although there are several potential factors that could be contributing to the observed decrease in sex ratio of the Aamjiwnaang First Nation, the close proximity of this community to a large aggregation of industries and potential exposures to compounds that may influence sex ratios warrants further assessment into the types of chemical exposures for this population." (Mackenzie et al, 2005:1298)





- Sampling and control group design:
- Sex ratio deviations:
 - Martuzzi et al. (2001): Variations due to biologic and socio-economic controls (and <u>not</u> environmental or chemical variables)
 - Biological correction for high prevalence of male births earlier?





- Sex ratio as a reliable indicator/marker of the reproductive health of a population? (James 1998)
 - ATSDR supports the use of more 'reliable' indicators of environmental pollutants and reproductive health, such as congenital defects and developmental defects





Causality:

- Supportive:
 - Ryan et al. (2002): Russian pesticide workers: paternal exposure to dioxins
 - Rio Gomez et al. (2002): Taiwan oil disaster (1979): paternal exposure before age 20
 - Weisskopf et al. (2003): consumption of GLSCF: maternal exposure may reduce sex ratio





- Causality:
 - Unsupportive:
 - Yang et al. (2000): air pollution exposure near Taiwan refineries: no effect
 - Vartaiinen et al. (1999): 250 years of Finnish live birth data chemicalization not responsible for observed trends, with variations in sex ratio before industrialization
 - Figa-Talamanca *et al.*, (2003): No relationship between environmental pollution and sex ratio
 - Biological pathways, assessment of causality, and multi-causality?



Conclusions

- Emergent Contaminant Issues
- Other Sources and Pathways
- Policy Context





1. Emergent Contaminant Issues



 "All things are poison and not without poison; only the dose makes a thing not a poison" (Paracelsus,1493-1541)





1. Emergent Contaminant Issues

- Progress in reduction of many persistent organic pollutants, although reduction leveled off in recent years (LaRoe 1995; US EPA 2002).
- Peak concentrations in GL sediments from the 1960s to 1970s.
- Concentrations have declined since these peaks.





1. Emergent Contaminant Issues

However:

- What do we focus on and what is the process to identify emergent issues? How do we identify relevance (public and policy salience), distribution and persistence, and main health effects?
- Long-term sediment entrapment
- What is 'background' and a 'safe' level of exposure?
- How clean is 'clean'?
- Science of persistent pollutants still being defined (e.g. new PCB congeners)





1. Emergent Contaminant Issues (Cont'd)

- Remaining concerns over unmonitored chemicals including:
 - Pharmaceuticals & personal care products (PPCPs)
 - Flame-retardants (PBDEs)
 - Ethoxylates, phthalates, & disinfectant by-products (DBPs)
 - Synergistic effects
 - Endocrine disrupting
 - High volume chemicals (i.e., biodegradable pesticides)





Pharmaceuticals and Personal Care Products:

- Ubiquitous & widespread occurrence of low-level concentrations in water through agricultural runoff or domestic and industrial discharges
 - Ability to enter domestic water supply?
 - Health effects from short- and long-term exposure?





Pharmaceuticals and Personal Care Products:

Relevance/Risk	Distribution	Health Effects
 Low profile, but ubiquitous & continuous charging 	Released during disposal and waste	Low levelsNo conclusive evidence of health links in humans





PDBEs

- Ubiquitous & widespread occurrence
 - Ability to enter domestic water supply?
 - Health effects from short- and long-term exposure?





PDBEs

Relevance/Risk	Distribution	Health Effects
Low profile, but ubiquitous and present in bodies	 Not manufactured in Canada, but imported and released during manufacturing, production, and disposal 	 Recognized carcinogen and thyroid disruptor in animals No conclusive evidence of health links in humans





Endocrine-Disrupting Chemicals:

- Growing list of chemicals (i.e., PCBs, DDT, dieldrin, toxaphene, mirex, HCB, furans, dioxins)
 & found in the Great Lakes, may interfere with the endocrine system
- Evidence of increase in some hormonally sensitive carcinomas, decreased sperm count and quality, increased obesity and earlier puberty in girls, and altered physical and mental development in children
- Increasing scientific evidence, but causal pathways of adverse outcomes unclear



University 👑

PCBs

Relevance/Risk	Distribution	Health Effects
High	 Environmental and biological persistence remains concern Decreased consumption through food 	 Include acne-like skin conditions, & neurobehavioral and immunological changes in children Carcinogen in animals





Dioxins/Furans

Relevance/Risk	Distribution	Health Effects
High	 Widespread - exposure in some groups exceeds guidelines 	 Some members are carcinogens Suspected endocrine disruptors Suspected neurological, developmental, and reproductive toxicants





Synergistic Interactions:

- In general, there is limited understanding of health impacts due to chemical exposures
 - ATDSR limited evaluation to 6 common chemicals broader range?
- In addition, what has been delineated has been through research that examines exposure effects to single chemicals





1. Emergent Contaminant Issues (Cont'd)

- Reality is that body burden and exposure consists of many chemicals
- Little known about interaction effects or cumulative toxicity of chemicals acting together
- Mixtures could have additive, antagonistic, or synergistic effects
 - Special concern of synergistic effects, where mixtures toxicity is greater than sum of individual toxicities, i.e., asbestos exposure (5x greater risk of lung cancer) and smoking (10x greater risk of lung cancer), but synergistic effect is 80x greater!





2. Other Sources & Pathways

- Tend to focus on water the water we drink, the food we eat, or the water we swim in can affect our health
- However, needs cannot be prioritized in terms of water quality issues alone – water only one part of equation and can not be seen in isolation from air, land, food pathways, etc. (cross-media transfer).





3. Policy Context

- Research is complex and costly
- Interjurisdiectional issues Federal/Provincial,
 Canada/US
- Politicization of pollution





3. Policy Context

- What are the emerging and important of chemicals of concern?
 - How do we identify relevance (public and policy salience), distribution and persistence, and main health effects?



